

Appendix I: Detailed Training Program/Clinical Site Guidelines

In the Program Narrative, Section A, applicants will describe how their proposed training programs and clinical training sites will help the grantee address the primary goal of the Workforce Training program: To identify effective training models that improve the ability of mental health providers and/or the mental health system to engage, treat, and support racial and ethnic minority persons with mental illnesses or serious emotional disturbance. The Guidance For Applicants (GFA) outlines the criteria that training programs and clinical sites must meet to be eligible for funding. The following is additional detail to assist applicants in understanding the types of information that will be helpful for reviewers in determining whether or not a proposed training program or clinical site meets the given criteria.

Training Program Guidelines

A. Appropriate for Training Specific Populations

This section may be as broad or narrow as is suitable to the curriculum. For example, some training programs may take a broad approach to helping mainstream agencies work with minority populations. Such training would include agency governance, as well as clinical, administrative, and support staff. Other curricula may be designed for mental health professionals in a specific discipline, such as child psychiatry. Curricula may be designated for providers and health workers at any stage of their educational/professional development. If training programs are designed for nonspecialty mental health workers, consumer providers, or paraprofessionals, the curriculum will include mechanisms for ongoing collaboration with licensed mental health providers.

B. Appropriate for Serving Specific Populations

The narrative will describe how the training model is appropriate for improving trainee knowledge, skills, or abilities for serving specific populations. Include distinguishing characteristics of the target consumer population such as age, race, ethnicity, gender, socioeconomic status, acculturation level, sexual orientation, language ability, or other key factors as addressed by the curriculum. The training curriculum must target specific areas of knowledge, skill, or ability that have empirical or expert support for their utility in working with the population to be served.

C. Low-cost and Time-limited

Training programs should be made available at low or no additional cost to the academic or community-based organization from where trainees are recruited. Training programs must be structured and developmental. They will address multiple topic areas and must include a clinical practicum. The practicum component must provide trainees with “hands on” experience in community-based service settings. (See Definitions in Appendix III.) Programs must be of a practical, but substantial, duration and content. Their length and intensity should be suitable for the target population of trainees (may be longer for trainees enrolled in graduate programs and shorter, or more intensive, for employees of community-

based organizations). Neither 1-day workshops nor multiyear trainings will be considered eligible.

The narrative will describe the necessary resources for the development and implementation of the training curriculum including: intensity, location, and duration of the training; full-time equivalent staff and faculty; and technology, equipment, and clinical opportunities needed for full implementation of the curriculum. Resources should not exceed those which are reasonable to expect in the target training setting (e.g., an academic program or community-based organization may not have on staff, or be able to afford to bring in, nationally recognized experts for specific populations or domains of practice).

D. Documentation and Manualization

Documentation will include (where relevant) a Description of Training Objectives, Training Program Standards, a Detailed Course Schedule, Description of Course Materials, Reference/Resource List, Faculty Qualifications, Faculty Training Materials, Guidelines for Supervisors, Clinical Practice Guidelines, and Follow-up or Booster session materials. Program documentation will also include items and activities to be considered in descriptive cost calculations for start-up and implementation of the training program.

E. Other

The narrative will describe training program issues relevant to licensure, certification, or professional accreditation.

Clinical Site Guidelines

A. Type of Organization

Describe the community-based service setting(s) where trainees will conduct their clinical practicum. Include the number of clinical, administrative, and support staff with a breakdown of gender, race/ethnicity, and language capabilities. List the types of mental health or other services currently being provided (or planned for the training program).

B. Population Served

Provide a population-based description of the clinical site, which includes the local catchment area or number of lives covered, i.e., the total population to whom the site's services are made available. For data on the number of individuals and families actually served, describe the number of annual visits, including breakdown of age, gender, and race/ethnicity. If these numbers differ significantly from the population-based description of the local area, explain why (example: The local area is 20 percent Spanish-speaking, but the site does not have any bilingual providers). Demonstrate that trainees will have sufficient opportunity to work with the target populations addressed by the training curriculum.

C. Accreditations

List all relevant clinical site licensures and accreditations. The provider agencies should be in good standing and accredited by the appropriate governing or oversight bodies, such as JCAHO, the American Psychological Association, the State or local health department, or Board of Education, etc.

Appendix II: Consumer and Family Participation Guidelines

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development, and implementation of projects funded through SAMHSA's grant programs. The following guidelines are intended to promote consumer and family participation in SAMHSA grant programs.

In general, applicant organizations should have experience or a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

- **Program Mission** - The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.
- **Program Planning** - Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.
- **Training and Staffing** - Organization staff should have substantive training in, and be familiar with, consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.
- **Informed Consent** - Recipients of project services should be fully informed of the benefits and risks of services and allowed to make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA GFAs. These requirements must be addressed in SAMHSA grant applications and adhered to by SAMHSA grantees.
- **Rights Protection** - Consumers and family members must be fully informed of all rights, including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health care information, complaints and appeals, and consumer responsibilities.
- **Program Administration, Governance, and Policy Determination** - Efforts should be made to hire consumers and family members in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees, and advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.
- **Program Evaluation** - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. These activities

include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.

Appendix III: Definitions

- **Racial and ethnic minorities**, for the purposes of this announcement, are defined as:
 - *American Indian or Alaska Native*--A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 - *Asian American*--A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - *Black or African American*--A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
 - *Hispanic or Latino*--A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
 - *Native Hawaiian or Other Pacific Islander*--A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands (OMB, 2000).
- **Mental health** is defined by the Surgeon General as a state of successful performance of mental function, resulting in the capacity to be productive in various domains of living, including the establishment of satisfying relationships and the ability to approach difficult circumstances with resilience. It is not simply the absence of mental illness.
- **Mental illness**, as defined by the Surgeon General, refers collectively to all of the diagnosable mental disorders mediated by the brain and characterized by abnormalities in cognition, emotion, or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities.
- **Mental health disparities**, as defined by the Surgeon General, are primarily due to lower access of racial and ethnic minority Americans when compared with White Americans, to high-quality, evidence-based treatments for psychiatric disorders. Because rates of illness are largely similar across groups, but access to treatment is less common in minority communities, it is the Surgeon General’s conclusion that racial and ethnic minorities bear a disproportionately high disability burden from untreated mental illnesses and serious emotional disturbances.
- **Mental health consumers**: Although a number of terms identify people who use or have used mental health services (e.g., mental health consumer, survivor, ex-patient, client), the terms “consumer” and “mental health consumer” are used interchangeably in this announcement to refer collectively to adults and older adults with mental illnesses, as well as to children with serious emotional disturbances and their families.
- **Community-based service settings** include specialty and nonspecialty mental health providers who serve persons with mental illnesses or emotional disturbances living in their communities, rather than in institutional settings. These may include, but are not limited to, community mental

health centers, federally recognized community health centers, shelters, school-based mental health clinics, ethnic-specific multiservice agencies, or other organizations that provide mental health services in noninstitutional settings.

- **Specialty mental health providers** include persons who have specialized graduate training and licensure in one or more of the specialty mental health professions: nursing, psychiatry, psychology, or social work. Specialty mental health provider agencies include psychiatric hospitals, mental health centers, residential treatment facilities, day treatment centers, and other outpatient mental health programs.
- **Nonspecialty mental health providers** include persons who provide other health or social services in primary health care agencies, homeless shelters, faith-based organizations, private residences, schools, juvenile justice facilities, adult detention and incarceration facilities, addiction service agencies, and other locations where the priority populations are located.
- **Paraprofessionals** include persons who are not specialty mental health providers, but have received training to provide supportive services in either specialty or nonspecialty mental health settings. These may include community mental health workers, counselors, peer counselors, consumer advocates, and family liaisons. Often, paraprofessionals possess a first-hand knowledge of the culture, language, or experiences of the community being served that is otherwise difficult to access for specialty mental health professionals.
- **Consumer providers** may or may not be persons who are licensed specialty mental health providers. In general, consumer providers are individuals who provide mental health services and who self-identify as using or having used mental health services. Commonly, consumer providers are paraprofessionals trained to provide advocacy, support, or peer services to persons with mental illnesses or children with serious emotional disturbances and their families.
- **Cultural competence** means attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations. This includes an understanding of a group's or member's language, beliefs, norms and values, as well as socioeconomic and political factors that may have significant impact on their psychological well-being, and incorporating those variables into assessment and treatment.
- A **program logic model**, or flow chart, is a graphic representation of what the program is designed to accomplish, including services to be delivered, expected outcomes of these services, and ultimate program goals linked to the underlying assumptions of the program. In addition, a good logic model is a picture of plausible, causal linkages between program components and outcomes and can serve as an evaluation map, identifying what services need to be documented in a process evaluation and what outcomes need to be measured in an outcomes evaluation.

APPENDIX IV: CMHS GPRA CORE CLIENT OUTCOME MEASURES

The Government Performance and Results Act (GPRA) of 1993 (Public Law-103-62) requires all Federal departments and agencies to develop a strategic plan that specifies what they will accomplish over a 3- to 5-year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their successes and failures, based on the performance monitoring data.

Therefore, SAMHSA is now accountable for demonstrating the effectiveness of all its grants through performance data. In order to support current and future grants funding, we need your full cooperation in collecting and reporting performance data. SAMHSA’s ability to support these cooperative agreements in future years depends on the data that grantees provide. This performance element will carefully be considered in assessing grantee performance and may have implications for future grant awards.

To address GPRA requirements for the Workforce Training program, SAMHSA will use grantee submissions of the deliverables outlined on page 6 to assess grant performance throughout the grant period. Therefore, grantees will be required to complete and submit these deliverables within the specified time lines.

In addition to any instruments evaluating training program effectiveness, grantees must collect data using the CMHS GPRA Core Client Outcome Measures described here for any consumers who receive services from trainees as part of the grant. Grantees are asked to report preliminary data on these outcomes in years 2 and 3 of the grant period. These measures may continue to be used in the evaluation of consumer outcomes if further funding becomes available.

Public reporting burden for the collection of Core Client Outcome information is estimated to average 20 minutes per response, if all items are asked of a client. To the extent that providers already obtain much of this information as part of their ongoing client intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

10/31/2002

A. RECORD MANAGEMENT

Client ID

Contract/Grant ID

Grant Year
Year

Interview Date / /

Interview Type **1. INTAKE 2. 6-month follow-up 3. 12-month follow-up**

B. DRUG AND ALCOHOL USE

- | | | |
|----|--|----------------------|
| 1. | During the past 30 days how many days have you used the following?: | Number of Days |
| | a. Any alcohol | <input type="text"/> |
| | b. Alcohol to intoxication (5+drinks in one sitting) | <input type="text"/> |
| | c. Illegal drugs | <input type="text"/> |
| 2. | During the past 30 days, how many days have you used any of the following: | Number of Days |
| | a. Cocaine/Crack | <input type="text"/> |
| | b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] | <input type="text"/> |
| | c. Heroin [Smack, H, Junk, Skag], or other opiates | <input type="text"/> |
| | d. Non prescription methadone | <input type="text"/> |
| | e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel], MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline | <input type="text"/> |
| | f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] | <input type="text"/> |

- g. **Benzodiazepines, barbiturates, other tranquilizers, downers, sedatives, or hypnotics [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche]** |_|_|_|
- h. **Inhalants [Poppers, Snappers, Rush, Whippets]** |_|_|_|
- i. **Other Drugs - Specify_____** |_|_|_|

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?
 - a. **Shelter (safe havens, TLC, low-demand facilities, reception centers, other temporary day or evening facility)**
 - b. **Street/outdoors (sidewalk, doorway, park, public or abandoned building)**
 - c. **Institution (hospital, nursing home, jail/prison)**
 - d. **Housed (own, or someone else's apartment, room, house halfway house, residential treatment)**

2. During the past week, to what extent have you been experiencing difficulty in the area of: Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)?
 - a. **No difficulty**
 - b. **A little difficulty**
 - c. **Moderate difficulty**
 - d. **Quite a bit of difficulty**
 - e. **Extreme Difficulty**
 - f. **Don't know**
 - g. **Not applicable**
 - h. **Refused**

3. During the past week, to what extent have you been experiencing difficulty in the area of: Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other chores)?
 - a. **No difficulty**
 - b. **A little difficulty**
 - c. **Moderate difficulty**
 - d. **Quite a bit of difficulty**
 - e. **Extreme difficulty**
 - f. **Don't know**
 - g. **Not applicable**
 - h. **Refused**

4. During the past week, to what extent have you been experiencing difficulty in the area of: Work (e.g., completing tasks, performance level, finding or keeping a job)?
 - a. **No difficulty**
 - b. **A little difficulty**
 - c. **Moderate difficulty**
 - d. **Quite a bit of difficulty**
 - e. **Extreme difficulty**
 - f. **Don't know**
 - g. **Not applicable**
 - h. **Refused**

5. During the past week, to what extent have you been experiencing difficulty in the area of: School (e.g., academic performance, completing assignments, attendance)?
 - a. **No difficulty**
 - b. **A little difficulty**
 - c. **Moderate difficulty**
 - d. **Quite a bit of difficulty**
 - e. **Extreme difficulty**
 - f. **Don't know**
 - g. **Not applicable**
 - h. **Refused**

6. During the past week, to what extent have you been experiencing difficulty in the area of: Leisure time or recreational activities?
 - a. **No difficulty**
 - b. **A little difficulty**
 - c. **Moderate difficulty**
 - d. **Quite a bit of difficulty**
 - e. **Extreme difficulty**
 - f. **Don't know**
 - g. **Not applicable**
 - h. **Refused**

7. During the past week, to what extent have you been experiencing difficulty in the area of: Developing independence or autonomy?
 - a. **No difficulty**
 - b. **A little difficulty**
 - c. **Moderate difficulty**
 - d. **Quite a bit of difficulty**
 - e. **Extreme difficulty**
 - f. **Don't know**
 - g. **Not applicable**
 - h. **Refused**

D. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is it full time or part time?]
 - a. **Not enrolled**
 - b. **Enrolled, full time**
 - c. **Enrolled, part time**
 - d. **Other (specify)_____**

2. What is the highest level of education you have finished, whether or not you received a degree? [**01=1st grade, 12=12th grade, 13=college freshman, 16=college completion**]

|____|____| level in years

